PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the | | | | | |
|---|--|---|---|--|---|--|--|--|---|--|
| 22827 7590 | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| | D. 4 | | | | | Certificate of M | failing or Trans | emissian | | |
| DORITY & MANNING, P.A. POST OFFICE BOX 1449 | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| GREENVILLE, SOUTH CAROLINA 29602-1449 | | | | | | | | | | |
| | | | | | (Depositor's name) | | | | | |
| | | | | | See Attached Certificate of Electronic Submission (Signature) | | | | | |
| | | | | L | | | | | (Date) | |
| APPLICATION NO, | FILING DATE | FIRST NAMED INVI | | | or | ATTORNEY DOCKET NO | | CONFIRMATION NO. | | |
| 10/581,407 06/06/2008 | | | Michael L. Myrick | | | USC-1 | USC-17-PCT-US 3759 | | | |
| TITLE OF INVENTION: | THIN-LAYER POROUS O | PTICAL SENSOI | RS FOR GA | SES AND | OTHER FLUID | os | | | | |
| | | | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE F | ISSUE FEE | | SLICATION FEE | TOTAL | FEE(S) DUE | DATE DUE | | |
| nonprovisional | YES | \$755 | \$755 | | \$300 | \$ | 1055 | 01/05/2011 | | |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS | | | | | |
| VALENTIN, JUAN D. | | 2877 | 7 356-445000 | | | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list (1) the names of up to 3 presserred patent afformers 1. Dority & Manning, P.A. | | | | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | or agents OR, alternatively, | | | | | | | |
| | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | THE PATENT | T (print or | type) | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RI | | | | RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| UNIVERSITY OF SOUTH CAROLINA | | | COLUMBIA, SOUTH CAROLINA 29208 | | | | | | | |
| Please check the appropriate | e sceiance esterory or estero | ries (will not be no | inted on the | ontant): | □ Individual □ | Corporation or | other private or | oup entity 🛮 Gove | vnnant | |
| Please check the appropriate assignce category or categories (will not be printed on the pa 4a. The following fee(s) are enclosed: 4b. Payment of F | | | | | - maryagar c | - Corporation of | omer private gr | oup entity 22 dove | | |
| ☑ Issue Fee | A check in the amount of the fee(s) is enclosed. | | | | | | | | | |
| ☑ Publication Fee (No small entity discount permitted) ☑ | | | | ☑ Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| Advance Order - # of | ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1403 | | | | | | | | | |
| | (from status indicated above | | | | | MALL ENTITY | | | | |
| | | | | | | | | | | |
| NOTE: The Issue Fee and P interest as shown by the reco | is requested to apply the Issi ublication Fee (if required) v ords of the United States (late | vill not be accepted ent and Trademark | d from anyon Office, | e other tha | n the applicant; a | registered attorn | ey or agent; or the | he assignee or other | , party in | |
| Authorized Signature | 100le All | | | _ | Date | JAL | NUARY 5, 2011 | 1 | | |
| Typed or printed name_ | тімотну | A. CASSIDY | | _ | Registra | ation No | 38,024 | | | |
| This collection of information | on is required by 37 CFR 1.3 | 11. The information | n is required | to obtain | or retain a benefit | by the public wh | nich is to file (an | d by the USPTO to p | rocess) | |
| an application, Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313- | ity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sh inia 22313-1450, DO NOT 5 | 122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR C | 1.14. This collider depending up the Chief Inforted COMPLETED | llection is pon the in mation Of D FORMS | estimated to take dividual case. At ficer, U.S. Patent TO THIS ADDI | e 12 minutes to come to come to be commented in a comment on a comment of the com | omplete, including the amount of ti Office, U.S. Dep : Commissioner | ng gathering, prepari me you require to co artment of Commer for Patents, P.O, Bo | ng, and omplete ce, P.O. x 1450, | |
| | tion Act of 1995, no persons | are required to res | spond to a col | llection of | information unle | ss it displays a va | lid OMB contre | l number. | | |